

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45437

STATE FILE NUMBER

FILED JAN 3 1958

Registration District No. 301

Primary Registration District No. 6041

Registrar's No. 2426

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Varner		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION mi. S. Naylor		Length of stay in lb 5 years		d. STREET ADDRESS 4 mi. S. Naylor		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Luther Middle Lee Last Hogue				4. DATE OF DEATH Month December Day 15 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 27, 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Illinois		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 4 Days 18 Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1920		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs. Lou Hogue Naylor, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma c metastases to hilum and mediastinum of Right Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 162x						INTERVAL BETWEEN ONSET AND DEATH 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from Oct. 16, 1957 to Dec. 15, 1957 and last saw him alive on Dec. 15, 1957 Death occurred at 2:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Smith (Degree or title) D.O.		22b. ADDRESS Neelyville, Missouri		22c. DATE SIGNED 12-27-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/17/1957		23c. NAME OF CEMETERY OR CREMATORY Kinsey Cemetery		23d. LOCATION (City, town, or county) (State) Butler County, Missouri	
24. FUNERAL DIRECTOR Gene H. Parrent		ADDRESS Naylor, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-57		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1959

FEB 26 1958

JAN 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene Harrent*

Licensed Embalmer No. 480

P. O. Address *Naylor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.